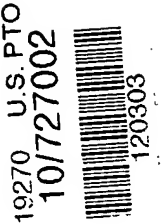




TAROLLI, SUNDHEIM, COVELL, & TUMMINO L.L.P.
1111 Leader Building
526 Superior Ave.
Cleveland, Ohio 44114
(216) 621-2234



PATENT

Attorney Docket No. TRW(ASG)6874

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s): **Andreas Heil and Dr. Michael Schneider**

For (title): **GAS BAG RESTRAINT DEVICE**

Enclosed are:

1. Papers Required for Filing Date Under 37 CFR 1.53(b):

- 6 Pages of specification
- 1 Pages Abstract
- 2 Pages of claims
- 2 Sheets of drawing
 - ☒ formal (Figs. -)
 - ☐ informal

In addition to the above papers there is also attached:

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date December 3, 2003 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EU853429062 addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Deborah Denn
(Type or print name of person mailing paper)


(Signature of person mailing paper)

2. Declaration or oath:

- ☒ Enclosed (Executed)
☐ Not Enclosed.

3. Language:

- ☒ English
☐ Non-English
☐ A verified English translation of the
 ☐ specification and claims
 ☐ declaration
is attached.

4. Assignment:

- ☒ An assignment of the invention to TRW Automotive Safety Systems GmbH

- ☒ is attached.
☐ will follow

5. Certified Copy:

Certified copy (ies) of application (s)

<u>GERMANY</u>	<u>202 18 874.4</u>	<u>5-Dec-03</u>
(Country)	(Appln. No.)	(Filed)
<u> </u>	<u> </u>	<u> </u>
(Country)	(Appln. No.)	(Filed)
<u> </u>	<u> </u>	<u> </u>
(Country)	(Appln. No.)	(Filed)

from which priority is claimed

- ☒ is attached
☐ will follow.

6. **Fee Calculation:**
(Small entity filing fee is 50% normal fee)

CLAIMS AS FILED				
Number Filed	Number Extra		Rate	Basic Fee
				\$ 770.00
Total Claims	9	-20 =	X \$ 18.00	-0-
Independent Claims	1	- 3 =	X \$ 86.00	-0-
Multiple dependent claim(s), if any			+ \$290.00	

- ☐ Amendment canceling extra claims enclosed
- ☐ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation **\$770.00**

7. **Small Entity Statement**

- ☐ The present application is being filed by or on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27 for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee **\$770.00**
- ☒ assignment recordal fee **\$40.00**
- ☐ for processing an application with a specification in a non-English language \$ _____
- Total fees enclosed \$810.00**

9. **Method of Payment Fees:**

- ☒ check in the amount of **\$810.00** enclosed.
- ☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- ☒ refund

**TAROLLI, SUNDHEIM, COVELL,
& TUMMINO L.L.P.**
1111 LEADER BUILDING
526 SUPERIOR AVENUE
CLEVELAND, OHIO 44114-1400
Tel. No. (216) 621-2234
Fax No. (216) 621-4072
Customer No. 26, 294


SIGNATURE OF ATTORNEY, REG. NO. 20,177

THOMAS L. TAROLLI
Type or print name of attorney